

Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in Part 18. No symptoms will be listed.
All diseases in Part I must be causally related.

B. Marcus Heller : USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **40296**
REGISTRAR'S NO. **5340**

FILED DEC 2 - 1957

Registration District No. **149** Primary Registration District No. **1002**

Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR KANSAS CITY TOWN		c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR JEWISH HOME FOR THE AGED INSTITUTION		d. STREET ADDRESS 625 W. 69TH (If outside, give location)	
Length of stay in lb 22 YRS.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First IDA Middle R. Last DOLGINOFF		4. DATE OF DEATH Month NOV. Day 11 Year 1957	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1890
9. AGE (In years last birthday) 67		10. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE	
11. BIRTHPLACE (City and state or country) RUSSIA		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME SOLOMON ROSENTHAL		13b. MOTHER'S MAIDEN NAME HANNA CHASNOFF	
14. NAME OF HUSBAND OR WIFE HARRY (deceased)		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	
16. SOCIAL SECURITY NO. 491-07-5922		17. INFORMANT JOE ROSENTHAL	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Auricular Fibrillation DUE TO (c) Hypertensive Cardio-vascular Dis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4331		INTERVAL BETWEEN ONSET AND DEATH 1 hour 8 Months 4 YRS	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Dec 1956 to Nov 11, 1957 and last saw her alive on 11-10-57 Death occurred at 9:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) S. Marcus Heller M.D.		22b. ADDRESS 809 E. 63rd	
22c. DATE SIGNED 11-11-57			
23a. BURIAL, CREMATION, REINTERMENT (S. 151) BURIAL		23b. DATE 11-12-57	
23c. NAME OF CEMETERY OR CREMATORY BLUE RIDGE		23d. LOCATION (City, town, or county) (State) KANSAS CITY MO.	
24. FUNERAL DIRECTOR J.P. LOUIS FUNERAL HOME K.C. MO.		25. DATE RECD. BY LOCAL REG. 11-13-57	
26. REGISTRAR'S SIGNATURE neva minshall			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Guy Ruffington

Licensed Embalmer No. 2784

P. O. Address K.C. 770

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.